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Marzano, Lisa ORCID logoORCID: <https://orcid.org/0000-0001-9735-3512>, Ciclitira, Karen ORCID logoORCID: <https://orcid.org/0000-0001-7222-0334> and Adler, Joanna R. ORCID logoORCID: <https://orcid.org/0000-0003-2973-8503> (2016) Non-suicidal self-harm amongst incarcerated men: a qualitative study. *Journal of Criminal Psychology*, 6 (4) . pp. 157-172. ISSN 2009-3829 [Article] (doi:10.1108/JCP-04-2016-0017)

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**Non-Suicidal Self-Harm Amongst Incarcerated Men:  
A qualitative Study**

Marzano\*, L.; Ciclitira, K., & Adler, J.R. (2016)

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\* Please address correspondence to: Dr Lisa Marzano, Department of Psychology, Middlesex University, The Burroughs, Hendon, London NW4 4BT, UK. Tel: 0208 4116998. Email: l.marzano@mdx.ac.uk

## **Abstract**

**Purpose:** To further understand the needs and motivations of incarcerated men who self-harm with no apparent suicidal intent. These have received little attention in research and policy, despite men accounting for a high and increasing proportion of self-harm in prisons.

**Design/methodology/approach:** Semi-structured interviews were conducted with 20 adult male prisoners with a recent history or thoughts of non-suicidal self-harm. The interviews were analysed drawing on principles of thematic analysis and discourse analysis.

**Findings:** Against a backdrop of early traumatic experiences and more recent adverse events (including prison-related ones), self-harm was described by many as a desperate - but meaningful – coping strategy; both a means of releasing tension, sadness and frustration, and of being heard in an unresponsive system.

**Originality/value:** These findings echo those of research conducted with women (including women prisoners) who self-harm, but challenge some of the more negative ways in which non-suicidal male prisoner self-harm has been portrayed in the (scant) previous literature. As well as pointing to the need for greater awareness of the complex needs of men in prisons, they underscore the importance of (also) exploring - and perhaps addressing - the issue of self-harm separately from suicide, and of striving to make prisons, as well as prisoners, 'healthier' and better able to cope with pressure.

## Introduction

Internationally, rates of self-harm amongst prisoners are much higher than in the general population (Dixon-Gordon et al. 2012). In England and Wales, there were over 30,000 reported incidents of self-harm in the year to September 2015, involving almost 9,000 prisoners (a little over 10% of the average prison population) (Ministry of Justice 2016a). This is an increase of almost a third compared to ten years ago (ibid.); considerably more than might be expected from the rise in the prison population over the same period (Ministry of Justice 2016b).

At a time when rates of suicide in custody also appear to be increasing (Ministry of Justice 2016a), concern over these figures has tended to centre around the known association between self-harm and subsequent death by suicide (Owens et al. 2002). Research has shown that approximately 50% of those who die by suicide in prison have a history of self-harm (Fazel et al. 2008), with many deaths occurring fairly soon after a self-harm episode (Hawton et al. 2014). As a result, previous research and policy have tended to focus on self-harm as a risk factor and potential proxy for suicide, generally addressing this issue within a broader suicide prevention framework. In other words, “the emphasis has been upon understanding and monitoring self-harm as a means towards the identification of suicide risk” (Camilleri et al. 1999, p.14), rather than as an issue in its own right. Whilst understandable, this approach risks overlooking and potentially obscuring the needs and motivations of prisoners whose self-harm is carried out with no apparent suicidal intentions or outcomes.

It is difficult to estimate what proportion of self-inflicted injuries are ‘non-suicidal’, particularly in UK prisons, where the term self-harm denotes “any act where a prisoner deliberately harms themselves, irrespective of the method, intent or severity of any injury” (HM Prison Service 2007). Nevertheless, there is a growing body of research from North America and Europe suggesting that both prisoners and prison staff often distinguish between different forms and levels of self-harm (Marzano et al. 2013; Pannell et al. 2003; Lohner & Konrad 2007), and that many - perhaps most - incidents of self-harm in custody are not apparently motivated by suicidal intent (Dixon-Gordon et al. 2012). Yet, in most countries (including the UK) there are no specific policies or procedures to address the needs of prisoners who self-harm - often repeatedly - with no suicidal intent, and a rather limited evidence-base to suggest what these needs may actually be.

The traditional emphasis on preventing suicide in custody has meant that much of the literature in this area has focused on suicidal and medically severe, ‘near-lethal’ self-harm (e.g. Marzano et al. 2011; Rivlin et al. 2013), often - rather questionably - referred to as “serious self-harm” (Arnold 2005; Liebling 1992; see also HM Prison Service 2003a; HMCIP 1999). In official policy, non-suicidal forms of self-harm have also tended to be overlooked, arguably reflecting and reinforcing the view that these are a sign of “poor coping” (Liebling 1995) or, worse, “manipulative,

attention seeking, and, as such, unworthy of attention and/or effective treatment” (Snow 1997, p.50; for a critique see Marzano 2010). These negative views have been shown to be common amongst prison staff (Marzano et al. 2013; Ireland & Quinn 2007), potentially reproducing the feelings of isolation, low self-worth, and loss of control that may have led to prisoners self-harming in the first place (Johnstone 1997; Marzano et al. 2012). Moreover, this inattention to non-suicidal self-harm may belittle the stress and anxieties involved in working with this complex and often challenging behavior (Paton et al. 2000) - in many cases on a daily basis, with limited training or support, in establishments where staffing levels have been significantly reduced in the face of an ever expanding prison population (The Howard League 2014) and substantial rises in prisoner self-harm, suicide and assaults (Ministry of Justice 2016a).

To date, the scant literature on non-suicidal self-injury in custody has focused almost exclusively on women prisoners, because rates of self-harm in this population appear to be considerably higher than amongst male prisoners (Dixon-Gordon et al. 2012; cf. Maden et al. 2000). However, given their over-representation in the prison population, adult men account for three quarters of all recorded incidents of self-harm in English and Welsh prisons (Ministry of Justice 2016a). Furthermore, the number of recorded self-harm incidents in male prisoners has doubled in recent years (11,534 in September 2006 cf. 23,291 in September 2015), with further increases in observed rates of self-harm incidents (145 vs. 285 per 1,000 prisoners in 2005 vs. 2015), numbers and rates of self-harming male prisoners (respectively, 4,290 vs. 7,797, and 60 vs. 95 per 1,000 prisoners in 2005 cf. 2015), and hospital attendances due to self-harm by men in custody (950 in 2005 vs. 1,900 in 2015). The reverse trend has been reported in relation to women prisoners (e.g., there were 11,914 incidents of self-harm in women’s prisons in 2006 vs. 7,415 in 2016), despite a small increase in incidents since 2014 (Ibid.).

In both institutional and community settings, in-depth analyses of non-suicidal male self-harm have been relatively rare, and have mostly emphasised gender differences, rather than similarities, with self-harming men being portrayed as more violent than women, as well as less “emotional” (see e.g. Snow 2002; Thomas et al. 2006), and more likely to self-harm as a means to gain external rewards (such as obtaining attention from staff), rather than for internal reasons (e.g., affect regulation) (Power et al. 2015; Claes et al. 2007; Smith & Power 2014). For example, the World Health Organisation (2000, p.11) concluded that “incarcerated men with antisocial or sociopathic personalities may be more prone to manipulative attempts [...whereas] for incarcerated women, repeated self-mutilation (such as slashing or burning) may be a response to the stress brought on by confinement and the prison culture” (p. 11). In other words, the very same behaviour (i.e. “repeated self-mutilation”) appears to be constructed as a ‘genuine’ way of coping with stress, where women are concerned, but assumes the more

negative connotation of a “manipulative attempt”, where men are involved, perhaps reflecting dominant conceptualizations of low-severity, non-suicidal forms of self-harm as essentially a female teenage activity (Brickman 2004). These may also explain evidence that male prisoners engaging in self-injurious behaviours are more likely to receive a punitive response, whereas women are more likely to receive therapeutic responses (Smith & Power 2014). Coupled with gender differences in help-seeking behaviour and behavioural presentation (Bowen & John 2001), this suggests that self-harm may be especially like to go unreported, unrecognised and untreated amongst men. In turn, this may further exacerbate their likely distress and marginalisation, hinder professionals’ abilities to effectively respond to their needs, and potentially increase the already high likelihood of their dying by suicide (Department of Health 2012).

Previous studies of self-harm in prisons have mostly focused on prevalence, risk factors and clinical concomitants (see e.g. Hawton et al. 2014; Dixon-Gordon et al. 2012), with isolated attempts to develop and test theoretical models to aid prediction and intervention with high-risk groups (Slade et al. 2014), and - particularly in relation to men – very limited focus on understanding the functions, meanings or motivations behind this complex and often misunderstood behaviour. When prisoners’ self-reported motives for self-harming have been considered, the tendency has been to quantify and hierarchically classify them. For example, a recent Canadian study of non-suicidal self-injury in adult male offenders reported that “coping”, particularly in the form of negative affect regulation, was the most common reason provided for engaging in self-injury, followed by “instrumental” motivations (although the latter were identified as predominant amongst a sub-set of men who had self-harmed for the first time whilst in custody) (Power et al. 2015).

Notwithstanding the important insights offered by this approach, the quest for predominant motives and triggers for self-harm (see also Jeglic et al. 2005; Snow 2002) risks over-simplifying a phenomenon that may not have a static or predominant motivation (Rayner & Warner 2003; Turp 2002), and overlooking the tensions, omissions and implications of how individuals explain their self-harm, as well as the inconsistencies and biases reproduced in academic and policy analyses.

For example, despite often being branded as a primary motive for self-harm in men’s prisons, there has been little discussion or agreement as to what actually counts as a manipulative or instrumental motive. For instance, in a study of “parasuicidal” behaviour amongst Scottish male young offenders, Power and Spencer (1987) interpreted self-harming to avoid harassment from other prisoners as an “instrumental motivation”. Under this same category, Snow (2002) included reasons as varied as wanting “changes in medication” and “transfer”, “being alone” and “wanting someone to talk to”. Rivlin (2006), on the other hand, discussed taking “revenge for a perceived injustice perpetrated by the prison staff” and “wanting attention and sympathy” as examples of “goal-oriented”, “practical” self-harm. It is

questionable whether classifying these motives within broader categories is actually useful and, if so, whether the label “instrumental” (as opposed to interpersonal or situational) provides an adequate description for any of these alleged motives.

A phenomenon as complex and relatively unexplored as male prisoner self-harm (also) requires a more nuanced explanation. An example of this approach is a qualitative study of medically-severe, non-suicidal self-injury in a mixed – but predominantly male – sample of US prisoners, which highlighted the important role of early trauma, loss of control and negative affect relief in the aetiology and maintenance of self-harm (Smith 2015). However, to date there have been no in-depth qualitative analyses of non-suicidal self-harm in a more ‘typical’ sample of male prisoners, whose injuries are seldom as severe or, in the author’s own words, “extreme” as the ones in the aforementioned study.

The present study aimed to increase knowledge and awareness of non-suicidal self-harm amongst male prisoners, by exploring the perspectives of prisoners who had engaged in non-suicidal self-harm during their current prison spell, or considered doing so. Of key interest were prisoners’ accounts of the antecedents, triggers and consequences of their behavior, and the ways in which they constructed – and resisted – the very notion of non-suicidal self-harm, along with its multiple functions and meanings.

## **Method**

As a part of a wider study of self-harm in men’s prisons, we conducted semi-structured interviews with 20 self-harming prisoners from a local male prison<sup>1</sup> in the South East of England. The research was carried out in consultation with the then Safer Custody Group, and with approval from the National Offender Management Service (NOMS) Applied Psychology Group, the Psychology Ethics Committee at Middlesex University, and the Governing Governor of the prison where the interviews were conducted.

## **Participants**

Potential interviewees were selected on the basis of having self-harmed with no apparent suicidal intent at least twice in the previous month. Staff consultation and data made available by the Suicide Prevention Team at the establishment enabled identification of individuals currently engaging in self-harm (both self-injury and self-poisoning). Partly due to the transience of the population at the establishment in question, there were not enough prisoners fitting this criterion to reach a target of 20 interviews. Five prisoners with a history of non-suicidal self-harm (during the current prison spell), and one with recurrent thoughts of non-

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<sup>1</sup> Local prisons deal with prisoners who are sent directly from the courts, either when remanded in custody before trial or after conviction or sentence. These establishments can hold prisoners for the duration of their sentences, or only for the initial assessment and classification of convicted prisoners before their allocation to another prison to serve their sentences.

suicidal self-harm, were therefore also included in the study.

With three exceptions, all prisoners approached to take part in the study agreed to do so. Over half of the prisoners interviewed were aged 30 years or over (12/20, 60%), and most were white (18/20, 90%). All participants had been in custody for at least six weeks at the time of the interview. Five had been arrested on sex-related charges, four for physical violence, eight for theft and handling, and one for criminal damage. Details of one participant's index offence were missing and one was classified as a detainee rather than offender. Eleven interviewees had been sentenced, one was convicted but unsentenced, and seven were on remand awaiting trial.

### **Interviews**

Qualitative methods were considered to be the most appropriate for investigating and documenting the complex and under-researched perspectives of male prisoners who self-harm. Semi-structured face-to-face interviews enabled the researchers to remain focused on the research questions and objectives, whilst allowing participants to describe their own experiences and concerns. Based on a structured review of pertinent literature, an interview guide was developed to explore participants' views and concerns in relation to non-suicidal self-harm, in the context of their lives before, during and after imprisonment. This included questions about the perceived antecedents, triggers and consequences of their behavior, as well as the support they wanted and/or received from staff (data in relation to the latter are reported separately, see Marzano et al. 2012).

All interviews were conducted on a one-to-one basis by the first author, under the supervision of the other authors (KC is a clinician and JA a chartered forensic psychologist). They lasted between 45 and 90 minutes, were audio-recorded, and took place in a private space (mostly an interview room or office on the wings), with participants' written informed consent.

### **Data analysis**

Anonymised verbatim transcripts of the interviews were first analysed thematically (Braun & Clarke 2006), to reveal dominant themes within participants' accounts, as well as tensions, inconsistencies and omissions. Each transcript was read at least twice and summarised. The transcripts were then coded, and major themes were noted, along with comments and observations about potentially salient matters and patterns. Repeated analyses helped refine the specifics of each theme, generating clearer patterns and definitions. We then systematically pooled the main themes in each transcript to identify recurrent themes across the sample. After gathering all data relevant to each potential theme, we created tables of main overarching themes and subthemes, noting which participant(s) had drawn on specific themes and subthemes. This enabled us to quantify the relative (in)frequency of each theme, whilst maintaining a focus on how individual participants discussed their own self-harm.



Having summarised what participants reported in the interviews, the next stage of the analysis focused on identifying what was *not* said, mostly by cross-referencing across transcripts and with salient topics from the literature. Attention then focused on how participants constructed, resisted and negotiated their experiences in talk, drawing on the principles of discourse analysis (Parker, 1992). Using a critical realist perspective (Willig, 1999), we aimed to tease out the tensions and contradictions within and between dominant constructions of self-harm, the wider discourses reflected and reinforced in participants' accounts, and importantly their possible functions and implications, both for individual narratives and for practice. Finally, extracts were selected and the analysis related back to the research questions and literature.

The researchers discussed the process by which themes were derived, interpreted and presented at various stages to ensure the analysis was reasoned and rigorous (McLeod, 2011).

## **Results**

Three main themes were identified in the analysis of prisoners' accounts (Table 1), relating to how participants made sense (or not) of the causes, functions and wider effects of their self-harm, in the context of their lives inside and outside prison. The criterion for selecting these was not intended to attribute greater overall explanatory value to themes on a quantitative basis. Nonetheless, in presenting them we aimed, as far as possible, to reflect how frequently each theme was cited across all transcripts, with greater prominence being given to more recurrent themes and those of greater relevance to the research questions.

[Insert Table 1 about here]

### ***Making Sense of Self-Harm: Perceived Antecedents and Triggers***

When asked about their self-harm, many of the men interviewed brought attention to the backgrounds and 'imported vulnerability' of people who self-harm, and prisoners in general. One participant suggested that, despite prisoners self-harming for many different reasons:

*They all come from disruptive backgrounds. People who have been abused – mentally, physically and sexually...And mine [sexual abuse] was the worse sort I think. Which makes it quite understandable that I grew up {laughing} with a few disorders! (P1)*

All of the prisoners interviewed came from what may be considered difficult and disadvantaged backgrounds. Five of them discussed having received and/or witnessed "serious beatings" from a young age, and six spoke of having been raped as children, in three cases by family members. Four had been placed into care, and three described having been in and out of prison for much of their lives. Having alcoholic, mentally ill, absent and neglectful parents were also frequently mentioned, as were issues of abandonment and loss. For example, one participant

had witnessed his mother's murder at the age of eight; another reported having been almost killed by his own mother, and another still to have found his mother hanging when he was only 14. Seven interviewees made direct links between their histories of trauma and abuse, and their self-harming behaviours.

*[The sexual abuse] that's where it all stems from. That's where I learned that behaviour. (P12)*

Six others described their struggle at trying to come to terms with more recent bereavements and traumatic events and, in each case, linked these with self-harming thoughts and behaviours. Many also spoke of their family responsibilities and their concern for their young and, in one case, unborn children. Whilst being married is an important protective factor for suicide and self-harm in the community (Hawton & Heeringen 2000), missing one's children and family appeared to be a cause of deep sorrow for the prisoners we interviewed (see also Fazel et al. 2008). This was perhaps particularly the case for the two foreign national prisoners in the sample, who reported experiencing isolation, as well as racism and language barriers.

### ***Mental Health and Substance Abuse Issues***

In view of these backgrounds, it is perhaps unsurprising that four of the men interviewed reported recurrent flashbacks, two others said they suffered from depression and two more from panic attacks. Five had been diagnosed with a personality disorder, and nine described themselves as drug users (with four more having abused drugs in the past).

However, it is important to note that these labels were constructed as additional ways in which their problems manifested. They were not seen as causing self-harm. Drug problems and psychiatric conditions were described as *"understandable from what I went through"* (P18), and as being not *the* reasons, but *"for the same reasons I do the cuts"* (P12). Although in two cases withdrawing from drugs was implied to be causally linked with self-harm, drugs and medication were more commonly described as having similar causes, functions and effects as self-injury.

### ***Prison-Related Triggers***

This, however, is not to say that traumatic and abusive events were always held to be a reason, or the only reason behind the men's self-harm. Factors associated with being in prison were also frequently cited as causes and, perhaps more often, triggers for self-injury. These included: feeling unsafe, bored, isolated and unsupported (particularly in relation to medical and detoxification issues), as well as being *"teased"*, *"brushed off"* and *"bullied"* by prison officers. Having nobody to talk to and feeling desperate or worried about problems inside or outside prison were also mentioned.

Above all, it was clear from their accounts, that the men's perceptions of 'safety', 'respect' and 'purposeful activity' in the prison - three of the four so-called

'tests of a healthy prison' (HMCIP 2004) – were often poor. According to one participant, it is “no wonder” that rates of suicide and self-harm are so high in this “sick” and “messed up” environment:

*Because it's disgusting, the way they treat people on the mental health side of things. It's a joke. It really is a joke. No wonder there is so much suicide and self-harming in these places – not just this place, in all of them. Do you know what I mean? You can't believe the way that they treat you.*  
(P10)

### **Not Making Sense of Self-Harm: Is There Always a Known or Main Reason?**

Although according to one participant “it's always for a reason” (P4), the men's motivations for self-harming were not always clear or clearly defined. Some of them described injuring themselves “in some kind of rage” (P18) and/or in a dissociative state (see also Fickl, 2007; Frost, 1995), whereby one “can't catch the difference between reality and his dreams” (P13). Far from being a rational, calculated action, self-harming was thus described as an impulsive act, something that “just happens” (P15), and that they could not always understand, predict or rationalise. One participant, for example, spoke of “finding” scars on his arms and not even realising that he had self-harmed until later (P8), whereas another explained:

*And you go and get your razor blade. I mean you go and you don't know what you are going to do with it. Sometimes you don't mean it...And when you start, and then you go on, do you know what I mean? And then you do it. You don't know what you are doing, do you know what I mean? You don't know what is going to happen [...] I can't control myself, miss. Like someone or something tells me, like [...] (P16)*

To this extent, rather than - or as well as - using self-harm to gain some control over their environment, half of the men interviewed described having little or no control over their own behaviour. Having to “fight the urge to self-harm”, and feeling “pushed” to self-injure, either by one's voices or by other people, were relatively recurrent themes.

Another reason why participants could not always identify a clear cause or trigger for their behaviour was that these were often suggested to be complex and multi-faceted: “It's not one thing. It's a mix of all of them” (P7). This “mix” was at times described as a combination of “background” reasons (i.e. “what we've gone through”) “plus being in here” (P19).

In addition, prisoners' reasons for self-harming were often expressed as negative emotional states (especially anger, anxiety and sadness), rather than concrete events (cf. Snow 2002). Whilst this contributed to the difficulties in identifying a specific reason for self-harm, it reinforced the recurrent assertion that self-injury is more often something one does as a reaction to something and/or

someone else, rather than to get a reaction from someone else.

### ***From Reasons to Functions: Non-Suicidal Self-Harm as a Coping Mechanism***

Despite the difficulties discussed above, most of the men interviewed were seemingly clear - and in considerable agreement - about the functions and meanings of their behaviour. Indeed, many seemed to define their self-harm in relation to its functions (rather, for example, than the method used or the severity of their self-inflicted injuries), which were often the very first thing to be mentioned when discussing their behaviour.

In particular, self-harming was often conceptualised as a way of dealing with one's feelings and circumstances. In most cases, this was constructed as an intra-personal, rather than an inter-personal coping strategy:

*It's the way I cope. It's the way I adapted to cope, anyway [to] the situations that I've been in my life since I was a kid. (P12)*

### ***"I Self-Harm to Release the Tension Sort of Thing..."***

Most of the men interviewed spoke of non-suicidal self-harm as being (primarily) a means of escaping, expressing, and, above all, releasing their anger, sadness, stress and general "pressures". These themes were sometimes interlinked:

*I really hurt myself through emotional (.) through my emotions yeah, like how I felt, like inside yeah. (P4)*

*I suppose as I got older I used it more for emotions to deal with my emotions [...] I've used it a few times to take me away from the pressure, the pressure and stress. When things get too much you know; that's how I release. It releases things on the inside of me. How I feel. And of course it gets me out of a situation, do you know what I mean? How I'm feeling. (P12)*

Self-harming was not only said to provide a release from one's feelings and emotions, but also from distressing thoughts, pain and flashbacks, or, as described by one participant, one's "mental wounds" (P1). Some spoke of finding "relief" in using self-harm to "forget about what's going on" (P8) or "keep my mind occupied" (P14), whilst others described self-injury as releasing what they had "bottled up" inside, "like getting a coke bottle, shaking it, undoing it, all the pressure is going to fly to the surface" (P6). Others still linked their sense of relief with the sight and flow of blood, and consequent release of endorphins. For one participant, this was "the only way I can get out of my depression":

*I cut up personally to have a bleed, to get rid of what I consider to be my blood pressure. I've been to the doctor's in the past and asked him to withdraw blood with a syringe and a needle which he has done and I've felt better. (P15)*

By bringing attention to contemporary and historical medical practices, this account appears to 'normalise' self-harm, whilst simultaneously de-problematise some of its effects. Rather than being something to be stopped at all costs, self-

harming was thus not *“going to do any harm [...] every now and then”* (P15), nor was it done *“to harm myself, sort of thing”* (P6). Indeed, the effects and the aftermath of self-injury were described by interviewees as overwhelmingly positive, at least in the short term. More than half the men interviewed described feeling “better”, “satisfied”, “settled” and “more relaxed” after self-harming, which for some explained the “addictive” nature of this behaviour, and for three participants were a reason for not wanting to stop self-harming.

Self-harming was likened to a *“safety valve”*, which, by *“releasing the pressure out of me”* (P17), prevented one from *“exploding”*, either at oneself, or, and perhaps more often, at others – especially officers. Therefore, this behaviour was not only said to be *“not about dying”* (P1) or hurting oneself, but was also suggested to be *“keeping me alive or keeping me from doing a life sentence”* (P5). Along with four others, one interviewee explained:

*I never hurt myself over another prisoner [...] but with an officer like you can't touch an officer you know what I mean because for a start they will take three months off, they'll put on three months ... I just wanna go home as quick as possible, you know what I mean?* (P4)

For some, self-harm also ‘works’, either to *“get what I want”* (P2) or to *“get that little bit of buzz”* (P6). However, and whilst re-conceptualising self-injury as a functional behaviour may be seen to de-problematise it, it is important to note that its effects were not said to be all positive, particularly in the long term. Feeling “ashamed”, “stupid” and self-conscious about “wrecking” one’s body were all mentioned, together with “pain”, both physical and mental. Indeed, most of the men interviewed did report wanting to stop self-harming and, even those who did not, expressed regret at having ever started to do so.

### ***De-Constructing ‘Instrumental’ and ‘Manipulative’ Motives: “Screaming for Help” and “Fighting the System”***

Although most prisoners spoke primarily of the effects that their self-harm had on themselves and their emotions, other less dominant themes also emerged, including the notion that self-harm may be seen - also or partly – as a “cry for help”, “attention seeking” and “manipulative”. For instance, five of the men admitted (more or less explicitly) to using self-harm in order to “blackmail” staff. This, however, was described as only one element of their self-injury, rather than a primary reason for it. For example, despite having been singled out by staff on his wing as a ‘manipulative’ ‘attention seeker’, one prisoner claimed to self-harm *“70/30 [%] in favour of a release”* (P2).

Furthermore, and although most of the prisoners interviewed seemed to be aware of the negative impact of self-harm on staff, only one spoke of (also) self-harming to deliberately “disrupt” them. Also, none of the men reported self-harming

to “get themselves on an ACCT<sup>2</sup>” (P5), which, indeed, was described by most as a negative experience. Rather than being a spiteful and calculated “decision”, self-harming was portrayed as a constricted and less than ideal ‘choice’, and *“the only way to manipulate the system; otherwise you don’t get any assistance”* (P7). This was perhaps especially the case with regards to medication and detoxification issues. One participant, for example, spoke of self-harming as *“not to manipulate people”*, but fighting against a *“sick”* system, where *“they detox you too quick”* (P11) and with the wrong sort of medication, and you have to *“go and cut yourself up just to see a decent doctor”*:

*I don’t want to die in here but at the end of the day you have to go to extremes like that* (P11)

In this context, far from self-harming to *“play games”* with and manipulate staff, some prisoners intimated that it was staff, rather than prisoners, who initiated a dangerous game of “chase”:

*They just said: ‘no pain, no gain!’. ‘No look, it’s not a game to me, this is the situation I’m in’ [...] I try to explain, I do tell them, but it’s still they don’t wanna know. Until you do something ... what do I have to do? Right, I’ll cut myself. They might listen to me then. That’s when I think to myself: ‘oh, listen to them, they think I’m playing games. They, they wanna play this chase – who can get who’. (P19)*

*They [staff] are taking your life and they are gambling by thinking you are going to be all right. (P11)*

Seeking attention was thus not constructed as manipulative or ‘medication seeking’, but as an attempt to get some help and *“someone to listen”* (P18). Again, this was conceptualised as a desperate, but necessary act, given the inadequacies of the system, and of the ‘invalidating’ environments (Linehan 1993) in which the men had been raised. For example, whilst referring to himself as being *“quite an attention-seeker sometimes”*, one man described his behaviour as a *“desperate”, though “probably silly”* act, in which he engages when *“I think to myself well they’re ignoring me, they’re treating me like an animal, why are they doing this to me, why?”* (P18).

*“Crying for help”* and using self-harm as a form of communication and self-expression were also constructed as *“getting people to listen”, “proving things”* (P19) and trying to *“say I can’t really take no more”* (P9). For three of the men interviewed, *“to get myself cut is one way of expressing how I feel”* (P4), whereas two others discussed how they started to self-harm *“to try and let people know”* about their abuse:

*I wish to now I went to the police. But I couldn’t, I couldn’t face them. If I went to the social services I still couldn’t face them. So a lot, eh, that’s*

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<sup>2</sup> ACCT (Assessment, Care in Custody and Teamwork) is the formal system for the care of prisoners at risk of suicide and self-harm in prisons in England and Wales.

*how I started self-harming like [...] they saw like cuts on my arm [...] And that's when they found out I'd been raped by my father. (P17)*

In virtually all cases, resorting to such “extreme” behaviour was not characterised as being due to one’s own inadequacies or weaknesses, but “because no-one’s listening to me” (P18) and/or “they don’t believe me. That’s why I’m saying look, have I got to hurt myself to get any help?” (P9). In this context, crying for help was thus not described as passive, manipulative or childish behaviour, but as an angry and desperate scream:

*I’m really just screaming out to see a doctor. I just want a little bit of help.*

*With my anti-depressants and that. I can’t see what way to go about it.*

(P20)

However, and whilst it may be useful to re-conceptualise self-harm as a form of communication or a “silent scream” (see Cresswell 2005; Strong 1998), it is important not to lose sight of its ‘message’. As highlighted by one participant, self-harming is not just about “making a point”; it is about “suffering”:

*I think there could be a bit of that in it [making a point about wanting to see a doctor for medication]. But there is also, I’m, I’m suffering very bad.*

*I’m suffering mentally, and physically. (P20)*

### **What self-harm is not**

Prisoners often appeared to define their self-harm by what it was not (e.g. “attention seeking”, “crying for help”, “playing games” or “superficial scratches”), seeming to assert the seriousness and reality of their self-injury, and of the reasons behind it. Whilst self-harming was described by some as “silly” and “stupid”, the reasons behind it were not. This served to challenge what one participant described as attempts to not only trivialise his self-harm, but also to belittle and de-humanise him, reducing him to “just a piece of paper”:

*Do you just think I’m just a piece of paper then? Oh, he’s a 2052<sup>3</sup> – that’s another one in the drawer [...] I’m a piece of paper – is that all I am? Just a bit of pain in the paper, do you know what I mean? I’m not interested in that. I’m more than that, do you know what I mean? I’m a human being. It took me a long time to tell people my background, where I come from, but [...] They are not interested in what they’ve gone through [but] what’s happening there is why I’m doing it now. (P19)*

Prisoners’ accounts also challenged rigid categorisations of self-harm – and ‘self-harmers’ - into different types. Self-harm was often said to serve multiple and shifting functions:

*There’s all sorts of things. There’s blackmail issues, there’s also a real need, there is also a real craving, there’s also a real release, there’s also*

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<sup>3</sup> F2052SH (or “Self-Harm At-Risk Form”) is the name of the form used to identify prisoners at risk of self-harm and/or suicide prior to the introduction of ACCT.

*this aspect – do you know, I mean. And also, it's quite addictive – out of the trauma or whatever the reason is, there is a release from that. (P1)*

Notably, a few of the men interviewed also spoke of there being different types of self-harmers, most conspicuously: those (normally “others”) who “*might cut up just for the sympathy*” (P15) or “*because they want to kill themselves*” (P6), those who “*self-harm to release the tension*” (P6), and “*a couple of people who are b\*\*\*\*\*s*” (P1) and “*are playing the ticket just to get this and get that*” (P9), rather than being “*genuinely, well, need help*” (P9). However, these categories were not constructed as being mutually exclusive, nor were the circumstances, methods or severity of one’s self-inflicted injuries said to be static. For example, most of those who described themselves as not being suicidal had also attempted to take their own lives in the past and/or declared to be ambivalent or indifferent about living or dying at the time of their self-harm:

*I know it sounds weird for a self-harmer to be like so worried about dying but, like, it's not about dying, I committed – I took lots of overdoses and meant to die actually, yet I took some just attention seeking. It's a really weird thing. (P1)*

## **Discussion**

Non-suicidal forms of self-harm have long been eclipsed by the priority given to suicides in custody, in turn perpetuating the notion that they may be less serious. In one of the few studies to focus on the perspectives of adult male prisoners, we explored the different meanings and implications that self-harm can have for those engaging in such behaviour - separately from the issue of attempted suicide.

Our findings support previous literature in suggesting that self-harm is a complex and multi-faceted issue, that does not lend itself to a single explanation or definition, nor to simple solutions (McAllister 2003; Edmondson et al. 2016). However, some important common themes emerged from our interviews with 20 self-harming prisoners; above all the assertion that self-harm, and the reasons behind it, are serious and real – even when non-suicidal.

Whilst frequently recognising that self-harm may be seen as both “silly” and a sign of “weakness”, and referring to themselves as unable to cope or control themselves, being “junkies”, “selfish” and “childish”, and self-harming for medication or “attention”, the men interviewed contextualised their inadequacies within the grim realities of their lives inside and outside prison. For at least half the participants, this served to re-conceptualise self-harm as a desperate - but meaningful - coping mechanism. This theme has long been discussed - and celebrated - in feminist psychological accounts of women’s non-suicidal self-harm, both in prisons (e.g. Fillmore & Dell 2000) and outside (e.g. Spandler & Warner 2007).

This ‘victim/survivor’ discourse shifts the attention away from the individual



deficiencies of those who self-harm to the reasons behind their being “poor copers” (Liebling 1995), and the difficult feelings and events with which they are admittedly struggling to cope. At the same time, this raises the question of whether staff and the wider penal system might be the ones unable to deal with the demands of their growing and vulnerable populations, rather than self-harmers being the pathological poor copers (see also Smith 2000; Thomas et al. 2006).

Whilst most participants located the causes of their self-harm within much earlier traumatic events (indeed, all but one participant reported having self-harmed prior to imprisonment, in 14 cases from a young age), difficult experiences in prison were frequently described as a trigger for further and potentially more severe self-harm. This is consistent with theoretical models of self-harming behaviour which emphasise the importance of both individual and environmental factors, and their complex interactions (see e.g. Nock 2009). In England and Wales, at a time of perhaps unprecedented pressure on prison staffing and resources, the role of imprisonment itself in precipitating self-harm is increasingly being recognised, not only in research and prison-reform campaigns, but also in official prison rhetoric. For example, a recent report by the Inspectorate of Prisons at a large male establishment concluded that “self-harm was too often related to the fact that prisoners’ concerns – often about medication or shop orders – were not being resolved by other means... staff did not always have the time to interact meaningfully with prisoners in crisis”. (HMCIP 2014, para. 1.29).

Despite these important overlaps with recent academic and policy debates, prisoners’ constructions of their own self-harm challenged some of the assumptions that are often made about male self-harm, and male prisoner self-harm, as well as some of the findings of previous studies in this area. For example, male self-harm (in general) has been discussed to be more violent than that of women, and characterised by “greater suicidal intent, aggression [...] and less concern about bodily disfigurement” (Hawton 2000, p.484). However, and despite a couple of the men conceptualising their self-harm as “violence” and emphasising its physicality and destructiveness, many interviewees spoke of their not being suicidal and expressed shame, hatred and guilt over their scarred bodies. Indeed, for five participants this was a main reason (or the main reason) for regretting having ever started to self-harm, and for wanting to stop.

Furthermore, the 20 men interviewed did not construct their self-harm as being (mainly) “manipulative” (World Health Organisation 2000), “instrumental” (e.g. Snow 2002), or “motivated by concrete events” (Ibid.), nor as an attempt to “signal strength” (Rivlin & Hamill 2006). On the contrary, self-harming was predominantly conceptualised as signaling weakness, and to this extent was described as “stupid”, “childish” and, above all, “embarrassing” (see also Taylor 2003). However, rather than explicitly constructing self-harm as a female activity – as one may expect, given the popular ‘feminisation’ of this behaviour (Shaw 2002;

Brickman 2004) – any comparison or reference to women’s self-harm was noticeably absent in all cases but one. In many ways, this may seem legitimate and appropriate given that participants drew on many of the themes and discourses that have been identified in the literature on non-suicidal self-injury amongst women, both in prisons (e.g. Howard League 2001; Snow 2002; Power et al. 2013) and outside (e.g. Strong 1998). Arguably, what is more inappropriate is the tendency to assume that men are more likely to self-harm for manipulative motives, and for them to be almost automatically excluded from the (perhaps more sympathetic) ‘victim/survivor’ discourses and systemic frameworks that are becoming gradually more accepted in relation to women’s self-harm, and women’s imprisonment more generally.

In view of these findings, and given the high and increasing number of self-harm incidents in the male prison estate, it is also questionable why prison-based psychological interventions targeting self-harm continue to mostly exclude adult men, with the limited interventions available focusing on juveniles and young offenders, and female prisoners (see Marzano et al. 2016).

The findings of this study point to the need for greater awareness of the issues that may underlie or be associated with non-suicidal self-harm, and, more generally, of the complex needs of men in prisons. Although imprisonment may not be intended or resourced to fully address problems and vulnerabilities such as historical abuse, trauma and loss, to increase staff awareness and understanding of these issues is an important and achievable first step. Beyond and aside from self-harm, it was clear from the accounts of prisoners that the needs of drug users and prisoners with mental health issues were not only often left unmet, but tended to be trivialized as “minor” and “silly”. These attitudes need to be addressed in training and supervision (see Marzano et al. 2012 for a more extensive discussion), and greater resources allocated to these areas as part of clinical governance and competence development frameworks (see e.g. Bennett, Crewe & Wahidin 2013; HM Prison Service 2003b).

Staff training could also usefully incorporate the findings of research (including the current study) which challenge rigid categorisations of self-harm as being either “genuine” or “manipulative”, “attention seeking” or “serious”. Whilst the prisoners we interviewed drew some important distinctions between suicidal and non-suicidal intentions, they often also suggested that one’s motivations for self-harming could be multiple, ambivalent and shifting. As argued elsewhere (see e.g. Dear et al. 2000), to assume otherwise may not only be inaccurate but also potentially dangerous.

Nonetheless, our findings also underscore the importance of exploring - and perhaps addressing - the issue of self-harm separately from suicide and attempted suicide. Whilst not necessarily independent nor mutually exclusive (Klonsky et al. 2013), these are arguably two functionally different behaviours (Klonsky 2007;

Edmondson et al. 2016). Therefore, failure to differentiate between them may miss important differences in meanings and intentions. It was clear from participants' accounts that their self-harm served a variety of meanings and functions – besides ending one's life – including important messages and cries/screams for help which risk being eclipsed by the priority given to suicide prevention.

In light of this, it is perhaps surprising how little attention has been devoted – both in research and practice – to the possibility of “different strategies [...] for those who attempt suicide and those who injure themselves for other reasons” (Snow 2002, p.25), or, perhaps more usefully, to responding differently to different behaviours (rather than to distinct groups of prisoners). Whilst some examples of this are beginning to emerge, for example in Canada (Power et al. 2015), more research is needed to evaluate their effectiveness.

Ideally, such research should also incorporate the perspectives of prisoners regarding the nature and intended goals of such interventions, which may be not be fully aligned with the traditional priorities of prison-based programmes (i.e., to reduce self-harm as much and as quickly possible, and as cheaply as possible). Indeed, it is possible that prisoners' ‘solutions’ to their own self-harm may neither focus on *stopping* self-harm, nor be actually focused on self-harm (as opposed to wider underlying issues). This may also have implications in terms of potential harm minimisation and ‘safe self-harming’ practices (Shaw & Shaw 2007), including the notions of increased (short-term) risk acceptance and patient responsibility (Rickford & Edgar 2005). Whilst these may not always lend themselves well to the realities of prison life (Ibid.), the possibility of greater tolerance to some forms of self-harm is perhaps worth exploring. This may include allowing prisoners to access items that are used as substitutes for self-cutting, such as ice cubes, elastic bands, and red markers (Power et al. 2015), but the legal implications and potential risks of any harm minimisation strategy (e.g., that it may be misinterpreted or used to excess; see e.g. Pengelly et al. 2008) would need careful consideration.

On the other hand, to learn from prisoners who have stopped or considerably reduced their self-harm may be a fruitful area for further research to explore. Both in prisons and outside, most studies have focused on what may initiate and maintain self-harming behaviour, with fewer attempts being made to understand (particularly from a phenomenological perspective) why and how people may come to stop feeling the need to self-harm. Given the disadvantaged backgrounds of most people in custody, and the damaging effects and ‘pains’ of imprisonment (Sykes 1958), the question of why there are not even more prisoners harming themselves may also provide some useful insights.

### **Strengths and limitations**

Although the boundaries between different forms of self-harm may not always be clear, there are clear advantages to concentrating specifically on non-suicidal self-harm, from the perspective of adult male prisoners. Men who self-harm

in custody appeared to be a large and expanding group, whose behaviour is perhaps especially likely to be misunderstood and to receive punitive responses from staff. An in-depth qualitative approach can offer useful and more nuanced insights than larger studies of self-harm in custody. However, there are issues regarding the generalizability of findings from a small study conducted in a single prison establishment. Furthermore, whilst prisoners' own perceptions of the problem are clearly important, the development of appropriately targeted interventions may require further triangulation and larger samples.

### **Conclusions**

Rates of self-harm amongst incarcerated men are high and increasing. Understanding the needs and motivations of male prisoners who self-harm, including those who are not seemingly suicidal, is thus long overdue. Qualitative interviews with twenty men with a history or recurrent thoughts of non-suicidal self-harm on the perceived antecedents, triggers and functions of their self-injury suggest some important overlaps with those identified amongst women in prisons (and other settings), whose needs in relation to this issue have traditionally received more – and arguably more sympathetic – attention.

Participants' accounts highlighted the importance of early traumatic experiences and recent life events, as well as prison-related triggers and mental health difficulties, as potential contributory factors. In line with the (scant) literature on this topic, the results of this study suggest that, against this difficult backdrop, non-suicidal self-harming behaviours may become an important – if maladaptive – coping strategy, serving a variety of interpersonal and intrapersonal functions. Whilst one interpretation of these findings is that prisoners who self-harm are poor copers and at times instrumental/manipulative, understanding these functions in their wider context helps shift attention away from the deficiencies of those who self-harm, to those of a system that appears increasingly ill equipped to address their admittedly complex needs.

Although the question of how these findings are most effectively translated into practice requires further research, a useful starting point is to raise awareness (especially amongst staff) of the multiple, shifting and serious reasons behind self-harm in prisons, and of the need for considerable further investment in making prisons – as well as prisoners – 'healthier'.

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**Table 1. Main themes and subthemes in the analysis**

<b>Themes</b>	<b>Subthemes</b>
Contextualising self-harm: Troubled lives and troubling environments	Early trauma and associated mental health issues Recent loss and isolation Triggering emotions and <i>“the way they treat you in these places”</i>
Confused and confusing: <i>Not</i> always making sense of self-harm	It <i>“just happens”</i> Multiplicity, change and ambivalence
(De)constructing self-harm and 'self-harmers'	Reasserting seriousness: What self-harm is <i>not</i> – and what <i>my</i> self-harm is not Coping and <i>having</i> to cope: releasing tension, screaming for help and fighting a <i>“messed up system”</i> Silliness, suffering, and (not) playing games